

**Natural Disaster Emergency Designation
and
Authorization for an Exception to the Biweekly Maximum Earnings**

Part 1. Natural Disaster Emergency Designation

(to be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)

a. Designation:

A natural disaster emergency, involving a direct threat to life or property, is in effect.

Region(s) Office(s) Region 5 / SFD / Emergency Response Branch 1

Type of natural disaster: Large Oil Spill

Location(s): Whiting, IN

Date emergency began: 3/25/2014

EPA employees will be required to work extensive overtime hours to resolve this emergency. I therefore request approval of an exception to the biweekly maximum earnings limitation. This exception should remain in effect until I notify the Human Resource Officer that the emergency has concluded, by completing Part 3 of this form.

The exception will apply to the employees listed in Part 1b below. These employees are performing work directly related to resolving the emergency. As the emergency continues, I may add employees to the list by notifying the Human Resource Officer.

(signature)

(date)

(title)

b. Employees for whom the exception is requested: *(attach a separate sheet if necessary)*

Name	EIN
Beverly Kush	Ex. 6 - Personal Privacy

(After completing Part 1, forward this form to the Human Resource Officer. Retain a copy to be attached when completing Part 3 at the conclusion of the emergency.)

Part 2. Authorization for Exception to the Biweekly Maximum Earnings Limitation

(to be completed by the Human Resource Officer)

I authorize an exception to the biweekly earnings limitation for the employees listed in Part 1b. This exception is authorized according to the provisions of 5 CFR 550.106(a). The exception will remain in effect until I notify Financial Management Division by completing Part 4 of this form.

Effective date of the exception: March 23, 2014

(Beginning of the pay period during which the emergency began)

(Signature)

(Date)

(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy of this form to be attached when completing Part 4 at the conclusion of the emergency)

Part 3. Notification of Conclusion of Natural Disaster Emergency

(to be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, of his/her designee)

I certify that the natural disaster emergency in Region 5/ Office(s) 5
Which began on 3/25/14 at 0800 has concluded. The exception to the biweekly maximum earnings limitation, now in effect for the employees listed in Part 1b, is no longer required.

(Signature)

Termination of the exception to the biweekly limitation should be effective:

4/4/14

(Title)

(Date of conclusion of the emergency)

(Date)

Forward this form to the Human Resource Officer. (Attach copy of Part 1b.)

Part 4. Authorization for Termination of Exception to the Biweekly Maximum Earnings Limitation

(to be completed by the Human Resource Officer)

I authorize the termination of the exception to the biweekly earnings limitation that is currently in effect for the employees listed in Part 1b. The biweekly limitation will be reinstated.

Effective date of the termination:

4/5/14

(Signature)

(Date)

(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy of this form to be attached when completing Part 4 at the conclusion of the emergency)

Request for Exception to the Biweekly Maximum Earnings Limitation

Instructions: Parts 1, 2 and 3 will be completed by the Regional Administrator, Assistant Administrator, associate Administrator or his/her designee. For emergencies affecting more than one Region or Headquarters Office, the Director, Emergency Response Division, OSWER, will coordinate completion of this form, with input from all affected Regions or Headquarters Offices.

Parts 1 and 2 will be detached from this form and used as an attachment to a memorandum from the Director, OHRM, to be attached to parts 4 and 5 when he/she complete those parts of the form. After Parts 1 and 2 are detached, a copy should be retained by the Director, OHRM, to be attached to Parts 4 and 5 when he/she complete those parts of the form.

Parts 3, 4, and 5 are for EPA's internal use after receipt of approval from OPM of an exception.

Part 1. Description of the Emergency

- a. Type of emergency: Oil spill

- b. Nature and extent of threat to life and property: An oil spill that impacted Lake Michigan and the adjoining shoreline

- c. Location: Whiting, Indiana
 Region(s)/Office(s) 5
 State(s): Indiana

- d. Date emergency began: March 25, 2014

- e. Estimated duration of emergency: 2 weeks.

Part 2. Employees covered by the Exception

- a. Estimated number of employees
Performing work directly related
To resolving the emergency: 1
- b. Estimated average number of
overtime hours worked per
pay period: 16
- c. Types of work being performed: Conduct of shoreline and submerged oil
assessments to determine extent of contamination and necessary cleanup response actions

Part 3. List of Employees

(Attach a separate sheet if more space is needed.)

Name	EIN
Beverly Kush	<div data-bbox="992 362 1305 425">Ex. 6 - Personal Privacy</div>